



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prévues le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> November 30 and December 3, 2010	<b>Inspection No/ d'inspection</b> 2010_162_2969_30Nov095108	<b>Type of Inspection/Genre d'inspection</b> Critical Incident
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**Licensee/Titulaire**  
Villa Colombo Seniors Centre (Vaughan), Inc  
10443 Highway 27, Kleinburg, Vaughan, ON, LOJ 1C0  
Fax 289-202-2000

**Long-Term Care Home/Foyer de soins de longue durée**  
Villa Colombo di Poce Centre  
10443 Highway 27, Kleinburg, Vaughan, ON, LOJ 1C0  
Fax 289-202-2000

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Tiina Tralman (162)

**Inspection Summary/Sommaire d'inspection**

The purpose of this visit was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with:  
Administrator, Director of Care, Nurse Practitioner/Director of Clinical Services, Registered Nursing Staff,  
Personal Support Workers, Registered Dietitian, and Food Service Manager.

During the course of the inspection, the inspector:  
Reviewed health record, observed meal service and staff providing care to residents, reviewed menus and  
education in-services related to feeding practices.

The following Inspection Protocols were used in part or in whole during this inspection:

- Nutrition and Hydration
- Dining Observation

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

**NON- COMPLIANCE / (Non-respectés)**
**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the Long Term Care Homes Program Manual Standards and Criteria.

Criteria B2.4: Each resident's plan of care shall reflect his/her current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives provided by the resident or any substitute decisions provided by the lawfully authorized person. The plan of care shall give clear directions to staff providing care.

**Findings:**

An identified resident was reassessed identifying the need for textured food item in response to nutritional risk for problems associated with impaired swallowing and chewing. Furthermore, the interdisciplinary team conference record indicated the need for textured food item. The plan of care did not give clear directions to staff to provide this intervention.

**Inspector ID #:** 162

Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

Tiina Tralman 

**Title:** **Date:**

**Date of Report:** (if different from date(s) of inspection).

*December 9, 2010*